

Diane M. Contreras, AuD., CCC-A
804 Minaka Drive
Waukesha, WI 53188

January 7 2008

Representative Frank Lasee
Chairman of Committee on Insurance
Room 105 West
P.O. Box 8952
Madison, WI 53708

Dear Representative Lasee,

I am writing to you regarding the pending legislation relating to health insurance coverage of hearing aids and cochlear implants for children (AB133/SB88). I practice as an Audiologist at Children's Hospital of Wisconsin; an audiologist diagnoses hearing loss and selects, fits, and dispenses amplification. As an audiologist I see closely how this bill would affect the families that I serve. Additionally, this bill would affect my practice as an audiologist.

It is the goal of Wisconsin's Newborn Hearing Screening Program to identify hearing loss and fit a hearing impaired child with amplification by the time they are three months of age. However, at any age when a hearing loss is identified amplification is recommended immediately. We know that the sooner a child's hearing loss is identified, the sooner intervention can begin. Early intervention is essential to ensure that the child has the tools they need to develop speech and language. A family is often devastated to learn that their child has a hearing loss; it often takes weeks or even months for them to accept the diagnosis. Not only does the family have the emotional strain of this new diagnosis but they then learn that the next step for their child, amplification, is an expensive one. This then adds a great financial burden on the family.

There are very few funding options that currently exist to provide amplification to families. When amplification is recommended, I verify each child's insurance coverage for amplification because occasionally an insurance company does provide partial or even full coverage. These calls take an absorbent amount of time and I am often transferred from person to person until I find the answer. Once insurance coverage is verified I research other options for the family. There are only a few outside agencies that provide assistance. Of the few that do exist, several of them only provide assistance if the family is below a certain income level. This level is typically set very low. There is only one agency that I am familiar with that has a slightly higher income cutoff but, it requires that the family complete paperwork and wait 6-12 months for the check. During that time the child is expected to go without amplification. That could be another year until the child is able to obtain access to speech and language information. Additionally, I spend many hours completing paperwork for these organizations. This is time that I could utilize to educate families and improve the services that I provide to my patients. If insurance coverage was mandatory of course, I understand that there would still be paperwork to complete but it would take out research into coverage and time spent looking into other options for families.

When a child is not fit with amplification they lose access to speech information. This impacts their ability to develop speech and language and interrupts incidental learning. When a child is identified and fit with amplification in a timely matter, it decreases the need for and cost of intense intervention later on. Children with only a mild hearing loss miss portions of fast paced interactions, which can impact socialization and self-concept. Therefore it is extremely important that all children have access to amplification. It is extremely rewarding to see a child's face light up as they hear their mom and dad's voices for the first time. Without amplification these children would not have the opportunity to hear these sounds.

Thank you for your time and I hope you consider moving this bill forward.

Sincerely,

Diane M. Contreras, AuD., CCC-A
Doctor of Audiology

Cc: Representative Nygren, Representative Montgomery, Representative Vanroy, Representative Ballweg, Representative Moulton, Representative Kramer, Representative Cullen, Representative Berceau, Representative Ziegelbauer, Representative Parisi, Representative Hilgenberg, Representative Schneider, Representative Turner, Representative Boyle, Representative Sheridan, Judy Wagner

Dear Adults,

I would of course support the idea of the insurance company paying for the hearing aids. I, myself went through some problems too.

I found out that I was deaf and recieved hearing aids at about age 2. It helped me in some ways: I was able to focus on my speech now at age 10. I was so happy to be able to hear the sounds of animals, storms, wind, and the TV. When I first heard

the voices of my parents, I was so happy. I hugged my parents and thanked them for helping me hear.

In my opinion I think that all kids should get hearing aids at early age. so they can learn some things like I did. I went to a deaf preschool at age $2\frac{1}{2}$. I only got 5 months before I went to preschool, to get used with my new hearing aids. I hope you pass the bill. So other kids can have the

opportunity to receive hearing aids
like I did. Thank you for
reading this letter.

Sincerely

Emma

Menzel ☺

February 27, 2008

Approximately 14 months ago my son Dylan, now 4 ½, was diagnosed with a sensorineural hearing loss, that we later found was caused due to a genetic defect. When he was 3 we realized he was not gaining speech and language skills like other 3 year olds and it was brought to our attention by his preschool teacher that he may have a hearing impairment. At 3 ½ he was finally diagnosed with his hearing loss through a sedated Auditory Brainstem Response (ABR) test. Dylan was still under sedation when the audiologist informed us of the severity of his hearing loss and without hesitation she then preceded to tell us that most likely our insurance carrier would not pay for his hearing aids. So as we were trying to grasp the concept that our child had not been hearing us, now we were being told the tools he needed to help him hear would most likely not be covered by our insurance coverage. And she was correct. Our insurance carrier whom my husband pays \$7.50 for every hour he works denied him hearing aids. As parents it was an extremely helpless and desperate feeling. How were we going to help our child?

My family was extremely fortunate to be at Children's Hospital where the care is beyond anyone's expectations. We were told time and time again that determining the cause was not nearly as important as getting our son hearing. We would have plenty of time to find the cause but curing him, with aids, was the most crucial element. Fortunately Children's Hospital has a loaner program so he received his first pair of loaner hearing aids in a matter of weeks, after all getting him hearing immediately was the most important factor. After nearly 10 months he did receive a pair of his own from the generosity of the HIKE Fund.

One of my initial thoughts was that people would treat my son differently and think of him as disabled, but I soon realized that he is not disabled at all. With his hearing aids he is as vibrant as any other 4 year old. He is able to have a life with sound!

Our initial expectations for Dylan were for him to gain a few new words a week, but much to our surprise he was gaining several new words a day. And his constant frustrations soon decreased. He could understand me and I could understand him. Dylan is now enrolled in a regular 4k class and is **closing the gap** on his peers. In just 10 short months he has gained over 2 years of cognitive skills and language development. Without hearing aids none of this could have been possible.

No one would expect him to go to school and read the chalkboard without classes if his vision was impaired, so why would we send him to school without being able to hear the teacher's instructions or interact with his classmates? Hearing is not a luxury, but a necessity for my child's development. I challenge anyone to go even one day without sound.

Dylan has taught me more than I could ever teach him. He is creative, imaginative, talkative...he is just like any other 4 year old. He just needed to be given the tools to succeed and he will be successful. His tools are what he wears upon his ears every moment he is awake. Our expectations for him are no lower than they are for his normal hearing siblings. We do not now nor will we ever accept or expect any less of him. He will be given the same opportunities and advantages in life and will be a contributing member to society. All because of hearing aids.

I am asking you today to support AB133 and its amendments. Not just for my son, but also for the nearly 200 children born each year in the state of Wisconsin who are either deaf or hearing impaired. This is not about politics, but about our children and their future that they not only deserve but they are entitled to receive.

Amy Boehler and Dylan, 4 years old



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

February 26, 2008

RE: Wisconsin Assembly Bill 133 - A Bill Requiring Health Plan Coverage of Hearing Aids and Cochlear Implants For Infants and Young Children

Dear Assembly Member:

The American Speech-Language-Hearing Association, the scientific and professional organization for over 127,000 speech-language pathologists and audiologists, is pleased to learn that Wisconsin regards hearing as so important that it is considering a mandated health benefit to cover hearing aids and cochlear implants for young children. Hearing is priceless. Good hearing helps us communicate with others, be successful at work and school, and enjoy life. Permanent hearing loss in children interferes with the normal development of speech, language, literacy, and social-emotional development. Children with mild to moderate hearing loss, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs. While hearing aids provide sufficient auditory access for children with mild to fairly severe hearing loss, children with severe to profound hearing loss may not receive sufficient auditory information when using hearing aids alone.

Help for the Hearing Impaired

Fortunately, there is help for children and adults experiencing hearing loss. Hearing aids have proven effective in alleviating the communicative and psychosocial consequences of hearing loss. For children with severe to profound hearing loss, cochlear implants may provide significantly more auditory access than is available to them through hearing aids. Thorough auditory testing is required before cochlear implants are recommended rather than hearing aids. For infants, early detection of hearing loss and appropriate intervention within the child's first year of life is an evolving standard of care. Forty-seven states have passed laws requiring states to ensure that all infants are screened for hearing loss and follow-up assessment and intervention provided.

Children whose hearing loss is identified by 3 months and who start intervention by 6 months have the same language abilities as their peers by the time they enter kindergarten. Early intervention by audiologists and speech-language pathologists allows many children to compete successfully in school with their hearing peers (Yoshinaga-Itano et al., 1998). Hearing aid amplification is a critical element of this intervention. Research shows that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (National Center for Hearing Assessment and Management, <http://www.infanthearing.org>). Adults report benefits from the use of hearing aids in many areas as well including mental health, sense of safety, and self-confidence.

Role of Audiologists and Speech-Language Pathologists

Audiologists are professionals who diagnose the functional aspect of hearing and balance disorders and provide communication rehabilitation to infants, children, and adults with impaired hearing. Audiologists provide fitting and monitoring of amplification (hearing aids and hearing assistive listening technology). Audiologists assess patients for cochlear implant candidacy and provide post implant device setting and monitoring. Speech-language pathologists are involved with all aspects of communication including speech production, language development, voice characteristics and aural habilitation/rehabilitation.

Incidence and Prevalence of Hearing Disorders

Hearing loss affects 4 infants per 1,000 births. The prevalence of hearing loss in school age children is between 11% and 15%. Overall, 18% of the adult population in the United States experiences some hearing difficulty. Some causes of hearing loss include chronic ear infections, certain drugs, viral or bacterial infection, birth defects, aging, and exposure to loud noise.

Medically Necessary Services

Evaluation and treatment of hearing loss by audiologists and speech-language pathologists is a medically necessary health service. Medicare defines medical necessity as "a service that is reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member." Hearing loss is an organic, physiological condition of the body that clearly meets this definition. Loss of hearing represents a loss of body function and services to treat this impairment must be regarded as meeting medical necessity.

Health Plan Coverage

Many health plans have coverage for evaluation and treatment of hearing loss as well as coverage of hearing aids and cochlear implants. In its publication *Investing in Maternal and Child Health: An Employer's Toolkit*, the National Business Group on Health recommends that employers have audiology benefits that include, at a minimum, "...cochlear implant, auditory rehabilitation, and hearing aid assessment and fitting," as well as "treatment of audiological rehabilitation/habilitation," (National Business Group on Health, 2007).

Cost Effectiveness of Adding Audiology Benefits, Hearing Aids, and Cochlear Implants

Cost data indicates costs to be minimal for adding audiology benefits and hearing aid coverage. Hearing aids represent a relatively inexpensive intervention for the amount of benefit gained, especially when calculating the long-term benefits of early intervention to children and society.

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February 26, 2008
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A number of investigators have examined the cost-effectiveness of cochlear implantation. Niparko et al. (2000) reported that children with cochlear implants were mainstreamed earlier (i.e., placed in classrooms with their normal hearing peers) and required less special education support services than unimplanted children with hearing impairment. The authors also completed cost-benefit projections based on the trend they observed toward greater educational independence following cochlear implantation. They concluded that cochlear implantation could result in substantial savings in educational expenses.

The ability to hear is one of our most valued possessions. Hearing loss can have a devastating impact on communication and psychosocial skills. It is fortunate that treatment is available which has proven to be so successful in alleviating communication and adjustment difficulties for the short and long term. Please help to ensure that the children of Wisconsin can obtain audiological services, hearing aids, and cochlear implants by mandating these services.

If you have any questions or concerns, feel free to contact me, Janet McCarty, ASHA's Private Health Plans Advisor, by e-mail at jmccarty@asha.org or by phone at 301- 296-5674.

Sincerely,

Janet McCarty

**Tiffany (& Emmanuel "Manny" – age 16 months) Wilke, Beaver Dam
Mother of Deaf & Hard of Hearing Child
In favor of AB133/SB88**



Story: Our son, Manny, was born with a rare congenital birth defect called Bilateral Microtia and Atresia - Manny was born without ears and open ear canals, making him legally deaf, along with other birth defects. Soon after Manny was born, we had bone conduction hearing tests which showed that he had inner ear hearing; we were told to get a hearing aid ASAP. At just 3 weeks old Manny was fitted for a specialized bone conduction hearing aid and we were told that it would cost \$5000. We were extremely shocked to find out that this was not covered by insurance, despite our excellent insurance

through the school district. In fact, everyone was and continues to be shocked that it is not covered by insurance. We were told that there are some non-profits/grants out there you can apply for but the paperwork and decision takes 8-12 months and not retroactive (you cannot receive a hearing aid until after you sit and wait this period of time months, and then, you may not even be eligible - at that point you have lost precious time for speech and language development, let alone the quality of life and communication skills.) Our speech therapist tells us that speech development is absolutely critical the first few years and by age 7, speech or lack-of is pretty much established for life. So, we had to come up with \$5000, in full, within weeks to pay for his hearing aid. We are lucky that we had access to a credit card.

During recent hearing tests we found out that Manny hears perfectly at 10 decibels (whisper) with his hearing aid on and not well at 75 decibels (loud dog barking) without it. We know when his battery runs out because Manny becomes unresponsive and uninterested. How heartwrenching to think of Manny without a hearing aid, knowing that he can hear perfectly with one. *He has the ability to have perfect speech with his hearing aid.* How heartwrenching to think that some children don't have access to hearing aids and the enriched quality of life that we all take for granted. Cover your own ears and imagine what life would be like - then think about your child, your family, your way of life.

Why Vote Yes: You should vote for AB133/SB88 because it is the right thing to do for these children and families of need, who are already paying for insurance. It is not only an emotional strain for an entire family, but a financial strain. It is a medical device with proven results, not some unapproved drug. Let WI be proactive with early intervention, not reactive. There are already 8 states with Insurance Mandates for Hearing Aids for children: Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, and Oklahoma. I'm in business and can appreciate the rising cost of insurance - but this is a small percentage of children needing hearing aids at minimal costs involved. Is there where you really want to cut costs? Educational statistics say it costs anywhere from \$400k on up for a deaf child to go through the K-12 public school system with their special accommodation needs (signors in every class, special teachers, IEPs, etc). Why make Manny Special Ed or Special Needs if he doesn't have to be? Special Ed percentages are rising much too quickly, and AB133/SB88 can alleviate part of the problem. Get these kids a positive start in the school system so they can excel. Give them an equal playing field. This isn't a Democratic or Republican issue (as the Senate validated with a unanimous vote on SB88)...it's a solution that will provide children who can't provide for themselves so that they can listen, learn and be a productive member of society.

Amendment: In April it was suggested that AB133 is amended to cover children under the Age of 11. SB88 passed Age 11 along with looser language on the deafness requirements. AB133 should match SB88 on both accounts. Let's get these bills PASSED! Our son Manny can eventually have surgery on both his inner and outer ears, but doctors will not do the surgeries until he is at least 6-7 years old, as then his rib cartilage and skull will be strong enough and the inner ear bones will be properly formed. At that time a hearing aid could be implanted behind his ear. In my opinion the age should be 18 like Minnesota's law. Thank you for your time and consideration.

9/21/07 Jennifer Ploch, Clinical Audiologist, UW Hospital states in her report: "Manny should continue to utilize his bone conduction hearing aid during all waking hours. His functional gain results indicate he is receiving excellent benefit from his hearing aid and we are confident he has appropriate audibility for speech and language development."

1/18/08 Dr Diane Contreras, Doctor of Audiology, Children's Hospital of Wisconsin states in her report: "It was recommended that Emmanuel utilize binaural amplification to improve Manny's detection of sounds, localization skills, and speech understanding in noise. Recommendations: Full time use of amplification" (In order to have most benefit from Manny's bilateral hearing loss, we have recently found out that Manny should optimally be wearing 2 hearing aids, for speech and language development and for safety.)

Testimony in favor of passing Assembly Bill 133

Presented by: Michael and Elaine Flood
300 Wentworth Lane
Appleton, WI 54913
Email: floodmi@msn.com

Parents of six year old Tommy Flood: hard of hearing (requires two hearing aids),
currently in kindergarten at Ferber Elementary
School in Appleton.

Reasons to pass Assembly Bill 133

- The method of operation of the insurance industry has always been to spread the expense of a rare, known risk from a small number of people to many people. In this way, everyone pays a manageable amount so no one person pays a huge amount.
- Approximately 200-300 babies are born deaf or hard of hearing in Wisconsin each year. Approximately 71,000 babies were born in Wisconsin in 2005 based on the latest CDC statistics. Thus, approximately 0.35% of babies are born deaf or hard of hearing in Wisconsin each year: a relatively rare and known risk.
- Based on the insurance industry's own historical method of operation, covering the expense of hearing aids/cochlear implants for children (in this case asking to cover children under the age of eleven who are certified deaf or hard of hearing) is a completely consistent and logical request.
- It is in keeping with the growing bipartisan national talk of focusing more of our limited healthcare resources/insurance dollars on "preventative care". See Fact Sheet for studies indicating savings generated from early intervention/preventative care for deaf and hard of hearing children.
- Several states have passed similar legislation (see Fact Sheet) and New Jersey's version of Assembly Bill 133 just passed the New Jersey Assembly Finance and Insurance Committee on 2/25/08 after being stalled in Committee for several years.

2.27.2008

My name is Phoebe Allen and I am senior at the UW majoring in Communicative Disorders. I am also a leader of the Student Deaf Club on campus. I am here to speak in favor of the AB 133. As you know, each year 200 children are born with a documented hearing loss in WI. To develop as their typically hearing peers do, these children require amplification such as digital hearing aids. The typical development we as parents and professionals desire for these children includes aspects of social development, cognitive development and speech and language development, all of which affect a child's success in school. As a leader of the Student Deaf Club at the UW, I have seen firsthand the success that students can achieve when provided with all the possible tools to aid their development and their academic success, especially when these tools are provided early in life. The students who join the Student Deaf Club at UW-Madison were all lucky enough to be born into families who were able to provide them with the most current technology AND access to sign systems and languages. By having access to spoken language and sign language, they have achieved academic success comparable and in some cases, unparalleled by their hearing peers. However, providing these types of technologies and educational opportunities often places a large financial burden on the families of deaf and hard-of-hearing children. This financial burden may affect the family environment experienced by the child and potentially further inhibit their development and their academic success. Providing amplification and multimodal education to children early in their life also diminishes other costs that may be incurred by the state later on in the life of a hard of hearing child. Additionally, I would like to speak in favor of amendment 1, which would match the senate version of the bill. This amendment would require insurance companies to provide hearing aids to *all* children with a documented hearing loss (not just severe to profound losses) up to age 11 years, which would ensure that these children would be provided with adequate amplification through their middle school years.

Please vote in favor of this bill. Thank you for your time.

To: Committee on Insurance
Date: February 19, 2008
Subject: Assembly Bill 133

Hello. My name is Angela Klitzke and this is Chloe Jane Klitzke. Chloe has mild to moderate hearing loss and I am her mother. I am here to testify in favor of Assembly Bill 133.

Chloe was born in July 2006 in Reedsburg. What a wonderful day for such a beautiful, healthy girl to be born! Chloe is now 18 months old. Chloe is the youngest child in our family. She has an older brother, Connor, who is four and a sister, Cassidy, who is three. Yes, our house can be quite busy!

Let me take you back to the beginning of our amazing journey with our daughter. During our hospital stay Chloe had been tested for hearing loss. To our family, this was just a routine part of having a baby. Both of our other children were tested for hearing loss at birth and passed this test right away. Chloe did not. When we were discharged from the hospital after her birth we were told we should come back in for Chloe to take her newborn hearing screening, again. At this point, I was not worried about this as her birth was a c-section and often fluids can be in the baby's ear canal. Approximately two weeks later I took Chloe back to the maternity area of our hospital to take this test again. Again, Chloe did not pass this test. At this point I was getting a little bit worried. I can vividly remember sitting in that glider rocker snuggling my newborn with tears running down my face. A day I will never forget. We left the maternity area to go directly to see our pediatrician. He checked to be sure that there was no fluid in her ears, which there was not. He then recommended that we see Dr. McMurray, a pediatric ENT at UW. We saw Dr. McMurray a couple weeks later. Chloe also saw an audiologist. When Chloe had this hearing screening done in Madison she did not pass the test at all. At this point we were terrified, wondering what is in store for us? We had a more detailed test at the UW hospital about two weeks later. (We were very lucky to have all of this happening as quickly as it was, although to us, not knowing felt like a lifetime.) After this test we left the hospital feeling quite overwhelmed. We were told that Chloe had hearing loss.

My husband and I decided that we would do whatever we needed to do to get Chloe hearing aids as soon as possible to help her to be the best that she can be. However, we were not aware that insurance companies in Wisconsin do not cover this type of health need. My question to you is: "Why do insurance companies cover not only typical health needs, but go as far as covering atypical health issues that are at times self inflicted, but do not cover hearing aids, molds, and other hearing related needs?" My husband and I have jobs outside of the home, he is an engineer and I am a teacher. We work very hard and have good insurance through work. Still, the financial burden of hearing aids for our daughter has been overwhelming since even good insurance does not cover this. Because Chloe was so little she needed to have the "Cadillac" of hearing aids. The hearing aids alone cost almost \$5000.00. Keep in mind, that cost is solely the cost of the hearing aids. That does not include the molds, which keep the hearing aids in her ears or the visits to the ENT or the audiologist. Up to this point in Chloe's short life she has had 8 pairs of ear molds. Each ear mold costs \$109. That means that just the molds alone have cost us \$1744.00. As you can see this can be a financial burden for a family. The cost of hearing loss can add up quite quickly. In a sense, this is adding insult to injury. When paying for health insurance one would expect this to be covered. It was a shock to our family that in the state of Wisconsin, this is not the case.

As I said, I am a teacher, and work every day with young children. I currently teach third grade at a parochial school; however, I am certified to teach special education. I am aware of what type of delays can accompany hearing loss.

Some of my students struggle to read and I know what a burden this can be for these precious children. Without Chloe's hearing aids she would struggle more with reading. How? Well, you see, as an infant they are learning speech and language each and every day. If she cannot hear the sounds that we are speaking to her, she cannot learn to speak. In turn, she will have a more difficult time learning to read. This could then compound into struggling with other subjects. Ask any of my third graders and they will tell you the amount of reading that they are expected to do at this early elementary age. If a student struggles to a certain extent they will then need special education services and so on. It costs far more in the long run to support and educate individuals who do not receive the appropriate early intervention than to provide it as soon as possible.

Chloe has had her hearing aids since she was three months old. Her speech is developing within the average range that it should be. She says: baby, Mama, Daddy, hot, no, and a few other words. In fact just the other day she said thank you! Chloe also uses some simple signs to communicate with us. We are very fortunate that we learned of Chloe's hearing loss at such a young age in order to intervene as soon as possible to help to maximize her language and speech. Although it was a financial burden and continues to be, we were also fortunate that we were able to afford hearing aids for Chloe; however, many families are not as fortunate.

I feel that it is important that Amendment 1, to increase the age to cover children under the age of 11, is passed to match the Senate version of the bill. In order for Chloe to be covered by this bill it is also important that the word "severely" be left out so that it covers all children who are certified as deaf or hard of hearing. The Senate has already been amended to take out the word: "severely", so please do the same.

I would like to thank you for your time. It means a lot to my family and I that you take the time out of your busy schedule to discuss an important matter such as this. For Chloe, and other precious children just like her, I thank you for understanding why insurance companies should cover the cost of hearing aids and cochlear implants for all children who are deaf and hard of hearing. So, please, for Chloe and all other precious children, please vote in favor of the bill.

Carol Burns – Speaking in favor of AB 133 (with noted substitute amendments) with a preference for SB-88 as passed by the Senate

Good morning Chairman Lasee and members of the Insurance Committee. Thank you for the opportunity to share my reasons for support of AB 133 and companion bill SB-88.

I am here as an individual who grew up with severe to profound hearing loss, identified at age 5 with a moderate to severe hearing loss. Like the parents you are hearing today, my parents struggled to provide me with hearing aids as a child. I grew up in an era where educational services for disabled children in public schools were unheard of. We were relegated off to special schools. I would have been in a class of 10 year olds with a spectrum of disabilities as a first grader. Fortunately I was spared that fate – my parents petitioned our school district to accept me, which they did. However I struggled in the mainstream setting.

I still remember the day I received my first hearing aid at age 5, hearing the engine of our family car for the first time in my life. Imagine what other sounds important to my development that I was not hearing. I am most fortunate that my parents provided me with hearing aids – often stronger aids every 9 months as my loss rapidly progressed during grade school. This represented huge sacrifices on their parts.

I also recall my concern when my hearing aid would break, or when the progression of my hearing loss was such that the current hearing aid was no longer working well. Informing my parents of this as an 8 year old was hard, because even at that tender age I sensed that this meant slim financial resources were directed to ME and impacted my family's other needs.

No child should ever need to feel this kind of responsibility!

As a young adult I attended college – carrying around a suitcase sized tape recorder (the old two wheel style) in order to have someone listen and mentor me after lecture classes that I could not hear. The stress of trying to keep up overwhelmed me and I eventually dropped out of college. Over the years I continued my education piece by piece in our technical college, still at great disadvantage.

In my early 40's I began employment with the State of WI and enjoyed a successful career there – but I was still limited in how far I could progress because of my inability to use the phone. In my early 50's my hearing took another downward spiral. I suffered from severe depression and anxiety concerning my ability to remain in the workplace successfully. I began to research cochlear implant technology. Imagine my dismay when I learned our state of WI employee benefits had a specific EXCLUSION for this surgical intervention which would enable me to remain employed! Worse, if one of my fellow employees was the parent of a child born deaf and wanted to provide his/her child with the OPTION of hearing, this was denied them as well. In 1994 hearing aids ceased to be a covered benefit, taken away to cover significantly reduced co-payments for prescription drugs introduced that year. Part of the qualification process for Cochlear Implant is testing in BEST AIDED CONDITION. This required the purchase of 2 hearing aids that were not covered by insurance simply to qualify to become a cochlear implant candidate!

Not easily deterred, I sought options and discovered the University of Iowa was conducting clinical trials for the FDA regarding a new updated internal implant. Today I am over 11 years out in my journey back to sound, grateful to taxpayers who fund the National Institutes for Health (NIH) and the Iowa Lions organization that supports that center. Because I was able to receive a Cochlear Implant (and my early Hearing Aid use to grow my auditory pathways) I was able to remain in the workplace; actually promoting THREE levels in my

career track one year later. This was ALL simply because I could hear and talk on the telephone! I lobbied hard over 5 years with Employee Trust Funds (ETF) and others to change this. Current state of WI employees saw the hearing aid benefit restored in 2002 and in 2003 the exclusion for cochlear implants was removed. The cost to the plan was an increase of \$15 to the emergency room copayment when there was no hospitalization. Obviously, this did not affect ALL plan participants across the board, just as the removal of the hearing aid benefit in 1994 to cover greatly reduced drug copayments for all plan participants hurt fewer than those who benefitted from the change.

I retired at age 60 and now dedicate my time to research as to the benefits of cochlear implant technology – furthering the body of understanding how this miracle works. Without this cochlear implant technology I would have gone on DISABILITY retirement at age 50 – something that is very common in people with hearing loss.

Children who are born deaf and who do not have appropriate intervention that enables them to learn to speak and to hear – drop out of school at higher rates than normal hearing peers, achieve lower reading levels (4th grade), and statistics show that often nearly half this population is on some kind of public assistance.

By helping our children at the point of diagnosis or in our newborn infant screening programs at the start of life is the only way we are going to change this drain on taxpayers of WI. We taxpayers foot the bill for additional services that become necessary when children do not receive appropriate intervention, as well as for other public programs that sustain them when they are unable to find employment as adults. Those who do find employment are most often under-employed, thus reducing their contribution to society. These children are the FUTURE taxpayers of WI!

Most important, please note that the numbers of children this bill will effect is very small - perhaps 100 per year. This is because of the 200 children born each year in WI with hearing loss, about not all will be helped by hearing aids or cochlear implants for various reasons. Other children will be covered by existing insurance or health programs such as Title 19. I should add this is sometimes a disincentive for parents to work in order to gain this benefit. Families who are covered by self insured plans or the uninsured also are not covered by this bill.

Please take a moment to understand what this means in real life. I am not an audiologist, but I AM a person who has lived with severe to profound hearing loss all my life. I know the REAL WORLD effect of hearing loss had on my ability to acquire language, education and ultimately to successfully exist in a society that mostly hears normally as you do!

I have brought copies of a Frequency Spectrum of Familiar Sounds and an audiogram showing ranges of Hearing Loss. An audiogram is where audiologists track hearing loss when testing children. The color graph delineates the ranges of hearing loss from mild to severe/profound. On the Frequency Spectrum you can see where certain environmental sounds and speech sounds occur and compare those sounds to the description of hearing loss range descriptions. You should also have received a set of ear plugs. When inserted these ear plugs will reduce a normal hearing person's hearing similar to a minimal or MILD hearing loss. You will note that some speech sounds will be missing as well as soft environmental sounds.

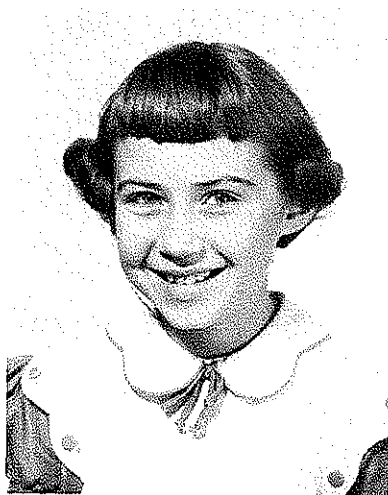
I urge you to spend just one hour a day in this condition as you go about your legislative work making your decision to hold a vote on this bill.

EVERY DAY our children who live with a significantly greater deficit in hearing than this are trying to learn speech and to identify the sounds around them. Children are in the classroom where ambient noise makes their listening tasks difficult if not often impossible, creating an environment where we taxpayers pay significant dollars to help these children attain age appropriate skills.

The unfortunate truth is that our children NEVER catch up when they do not receive appropriate intervention. Studies show children who never learn oral communication as their first language (where manual communication is their first native language), have language deficits that substantially limit them in the workplace as adults. Studies show the overall cost to society when a child is born pre-lingually deaf is over a **MILLION DOLLARS**.

I urge you to pass this bill with the amendment removing the language that restricts this bill only to children with SEVERE or Profound hearing loss. This bill is simply Good Public Policy.

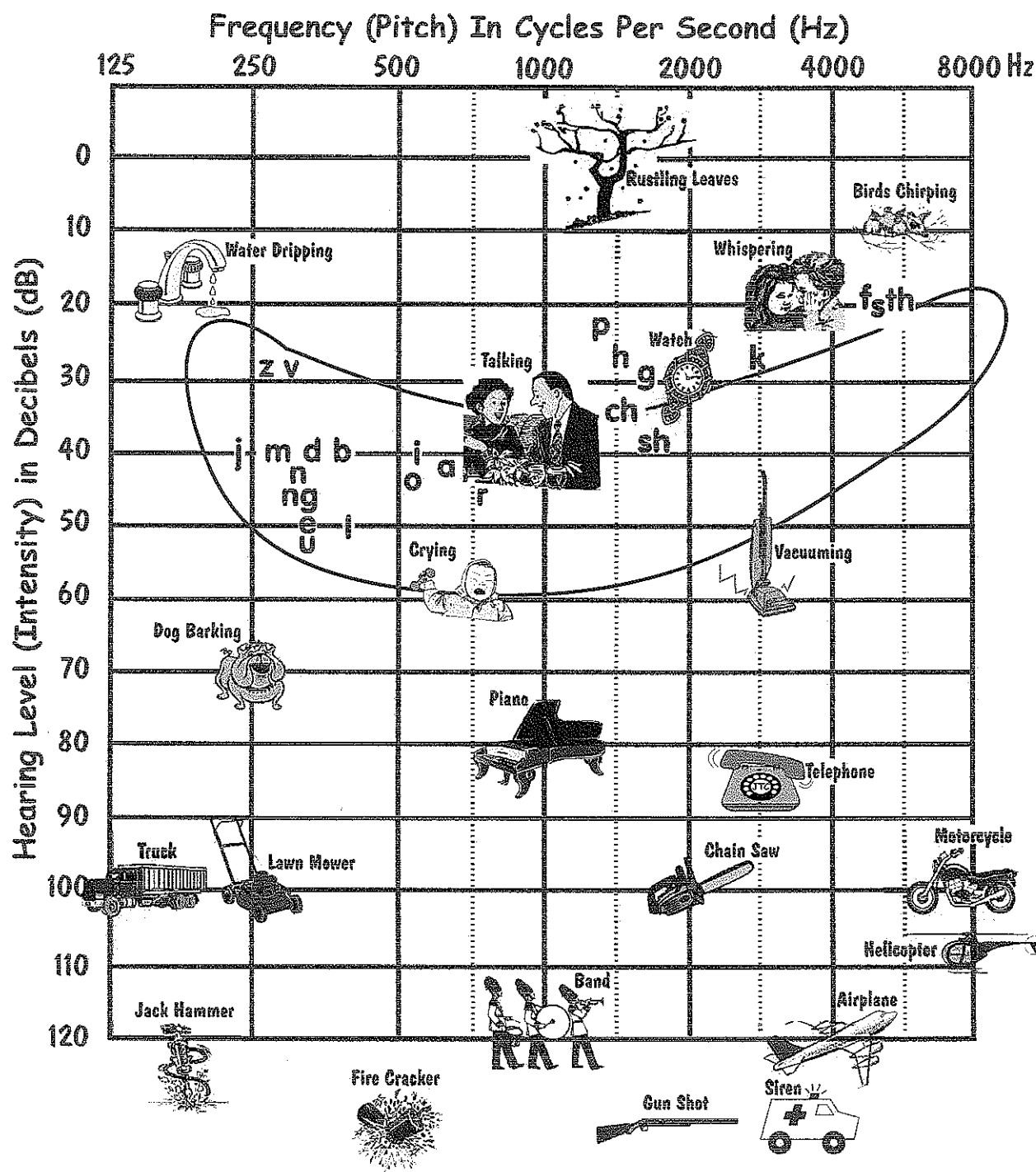
Thank you for your time!



ALPINE
SCHOOL DAYS 54-55

If you look close you can see the cord to my body worn Hearing Aid on the left side of the picture. Even us adults were children like those you are hearing from today!

Frequency Spectrum of Familiar Sounds

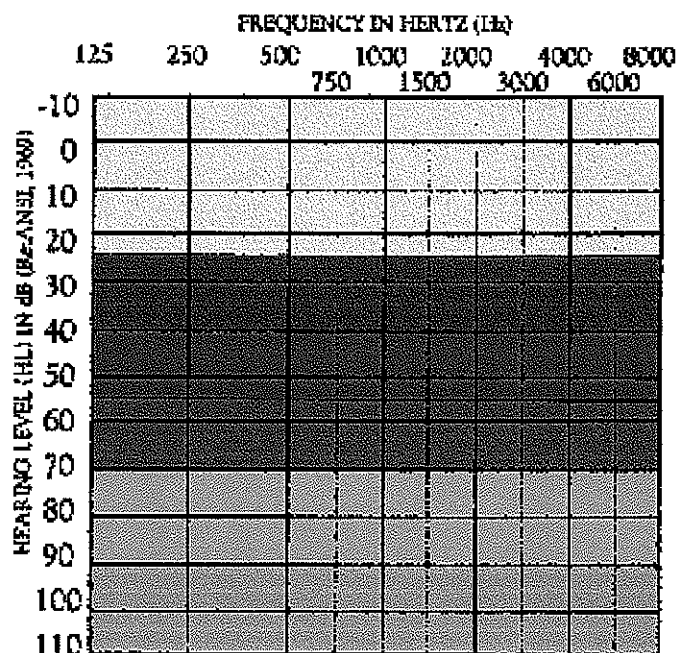


The speech sounds on this chart are only approximations. Speech sounds become loud or soft (intensity) depending on the distance between the speaker and listener. The low or high sound of a voice (pitch) will change depending on whether a man, woman or child is speaking.

Adapted from: American Academy of Audiology, www.audiology.org and Northern, J. & Downs, M. (2002).
Audiogram of familiar sounds; and Ling, D. & Ling, A (1978). Aural Habilitation.

Ranges of Hearing Loss

Presented by:
ACC ~ The Audiology Awareness Campaign



The audiogram shows the ranges of hearing loss for adults. The ranges that are listed are fairly standard across the United States although some variations do exist.

-10dB to 25dB = Normal range (Grey)

26dB to 40 dB = Mild hearing loss (purple)

41 dB to 55 dB = Moderate hearing loss (red)

56 dB to 70 dB = Moderately Severe hearing loss (dark red)

71 dB to 90 dB = Severe hearing loss (yellow)

over 90 dB = Profound hearing loss (blue)

This article was submitted by:
Glen R. Meier, M.S., CCC-A, FAAA

Audiograms created by: Chris Norman

<http://www.babyhearing.org/HearingAmplification/HearingLoss/audiogram.asp>

You can "listen" to the missing sounds of hearing loss at this website.
We encourage you to imagine a child learning speech and the sounds of his environment, much less participate in a classroom with even a MILD hearing loss!

carol burns

From: carol burns [burnsca@chorus.net]
Sent: Wednesday, December 12, 2007 11:09 AM
To: 'Rep.davis@legis.wisconsin.gov'
Cc: 'Sen. erpenbach@legis.wisconsin.gov'
Subject: Regarding SB 88 with amendment SSA 1 passed in the Senate yesterday
Follow Up Flag: Follow up
Flag Status: Red
Attachments: oledata.mso; image003.gif

Dear Representative Davis:

Previously I have written to you in support of SB133. Today the Senate version (SB 88) of this bill as amended passed. This bill is very important to me as well as to many others who know and understand the challenges hearing loss creates in the lives of children and their families. There are approximately 200 children born yearly in WI identified with hearing loss. Many of them would benefit from hearing aid technology including the benefit of cochlear implant or implantable hearing aid technology. Insurance coverage is not always available for these devices and their required services. As a legislator your insurance covers these interventions. Imagine if you had a child born with a hearing loss. You would want to do everything you can for that child to hear and be responsive to their environment. The majority of families in WI do **NOT** have this option.

While I was working for the State of WI the WI State Group Insurance Board removed a benefit for hearing aids to internally fund the reduction in drug co-payments in 1994. Due to my efforts and educating the staff at the Dept of Employee Trust Funds, this benefit was reinstated in 2002 and was funded by increasing the co-payment for emergency room visits that did not result in a hospitalization from \$25 to \$40. The same Group Insurance Board inserted a specific exclusion for cochlear implant coverage at a time with the FDA had approved Cochlear Implants as appropriate for severe to profound hearing loss in adults. In 1995 I found myself with decreasing hearing that the most powerful hearing aid would not help. I was seriously looking at a disability retirement from the state of WI. I needed a cochlear implant which would improve my hearing such that I could remain in the workplace. Due to the exclusion of this benefit, I was forced to find a cochlear implant center conducting research which would fund my cochlear implant. I found such a center at the University of Iowa, where I received a cochlear implant in 1996. Before my cochlear implant I could not make or take phone calls as part of my job. A few days short of my one year anniversary of "bionic hearing" I was promoted three levels in my accounting field and was able to remain in the workforce until normal retirement age. In addition, I was able to field cold telephone calls from fiscal staff from our 72 counties and 11 tribes as W-2 was implemented. I simply could hear again by understanding speech clearly.

The only reason I was successful in achieving good results from the cochlear implant was that as a young child with a profound hearing loss, my parents went "without" and made sure I had hearing aids in order to learn speech and to hear my teachers in the classroom. I still remember the struggle I know they had to always keep me in my hearing aids, sometimes purchasing stronger hearing aids every 9 months as my loss rapidly progressed. We know that not all families are able to make this kind of commitment to their children, and often it is these parents who also do not have good insurance benefits such as you and I have as state employees. Imagine again that your child was born with a profound hearing loss, and the cost for a pair of hearing aids was \$5,000 and that you soon discovered that your insurance plan did NOT have the option for you to choose hearing aids or cochlear implants or even the surgery and follow up interventions that would allow your child to hear and speak.

The bill that just passed today will apply to the families of children ages birth to 11 who do not currently have insurance benefits for hearing aid or cochlear implant technology. These children are at the most critical time of their lives – in a special window of time that only happens once the first 18 months of life for profound hearing loss – where they can fully benefit from the hearing aid or cochlear implant as their brains can easily adapt. Later, they will never be able to overcome the lack of brain elasticity that allows us to learn hear and produce speech during the "window" of time children acquire language. Studies show that children with no intervention and are forced to rely upon manual communication, children where English is not their native language, often do not progress beyond a 4th grade reading level in English. As these children mature, vocational opportunities are limited for adults who must rely upon manual communication versus listening thru hearing aids and who can produce understandable speech.

What this bill represents is simply good public policy. The cost to society for **NOT** providing for these children's needs has been estimated to be \$297,000 per individual and over \$1 million if the individual is pre-lingually deafened. The latter is the child who can benefit from the cochlear implant. Costs include direct medical and nonmedical costs, educational costs as well as indirect productivity losses. These costs are far greater than the cost of hearing aids or cochlear implant technology that will allow these children to function at a much higher level and contribute to society in much greater ways than if they had no access to the technology." The cost today for a cochlear implant and surgery is less than conditions that we treat with no question as to appropriateness and evidence-based outcomes.

Please consider this bill and also encourage your colleagues on the Insurance Committee to bring it to the floor for vote after a public hearing has been provided.

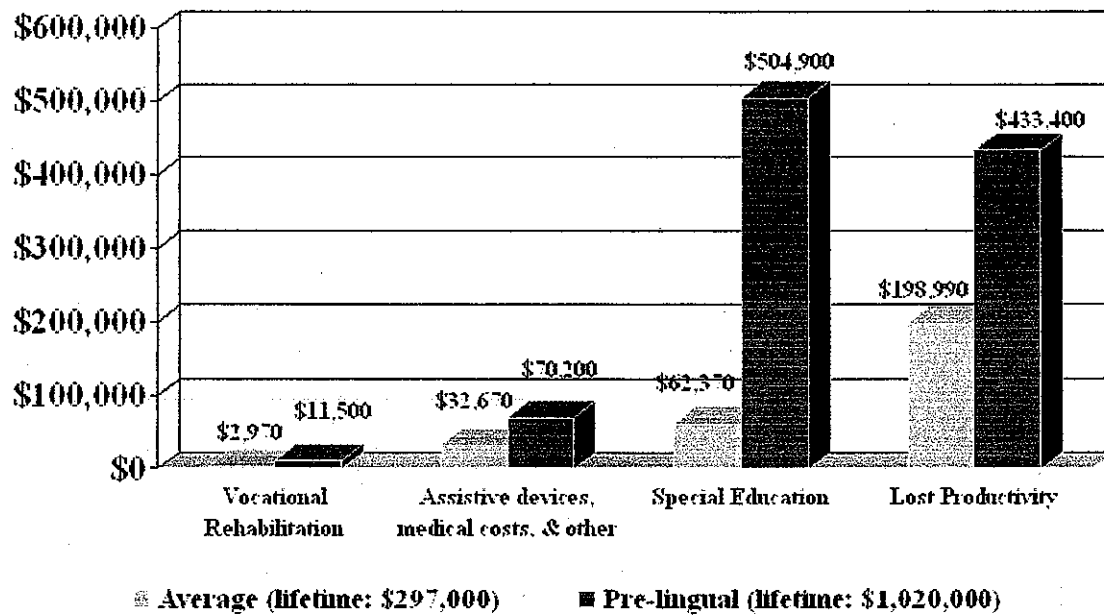
Attached are some documents that support the importance of the issues at hand for children with moderate severe to severe/profound hearing loss. The numbers are much higher today but are just as significant for conformation and application.

Respectfully yours,

Carol Burns
 921 Perry Center Road
 Mt. Horeb, WI 53572
 608-832-6332

Lifetime cost of Deafness

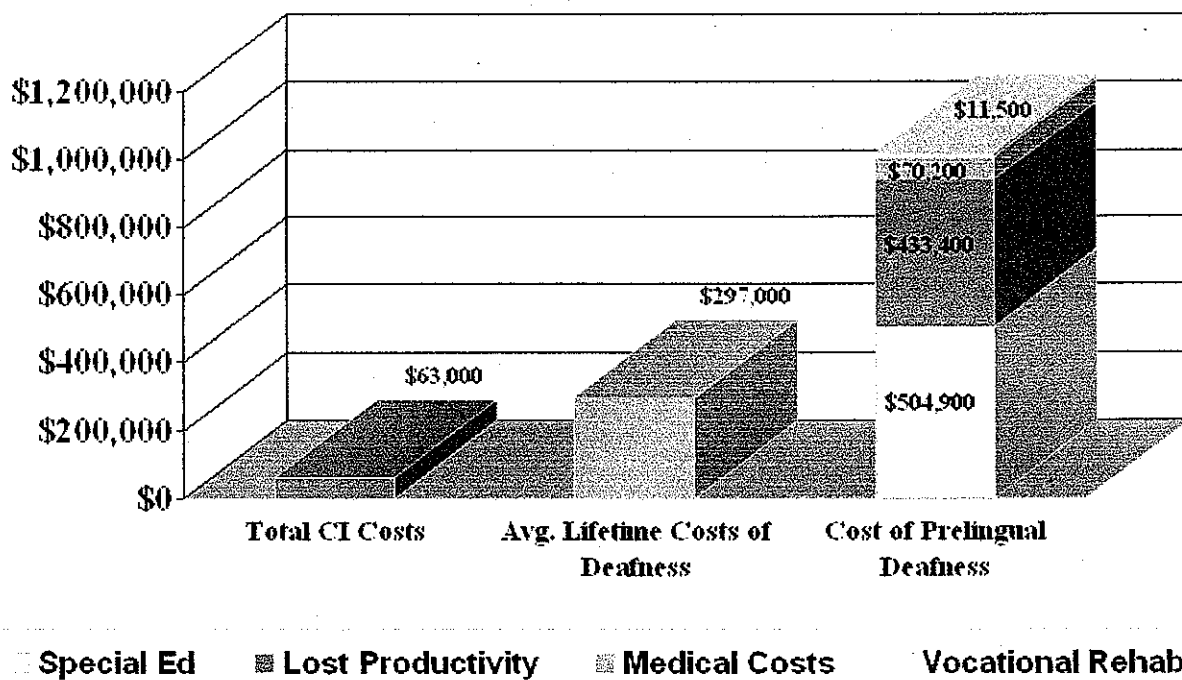
2/27/2008



*Policy Analysis Brief, April, 2000

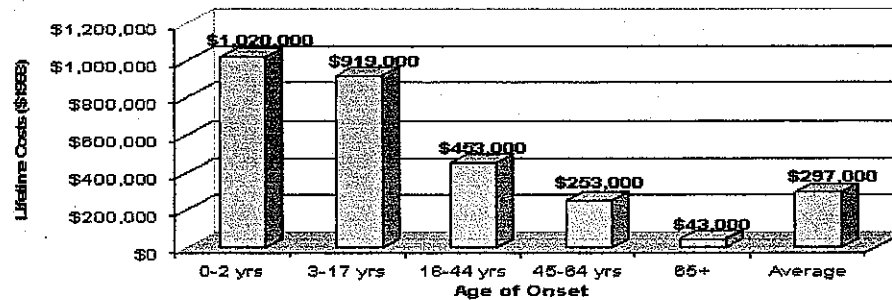
*Source: Project HOPE calculations from the 1990/91 National Health Survey

Cost of Cochlear Implants Vs Lifetime Costs of Deafness



Source: Project HOPE, Policy Analysis Brief, April, 2000; and JAMA, Vol. 284, No. 7, August 16, 2000

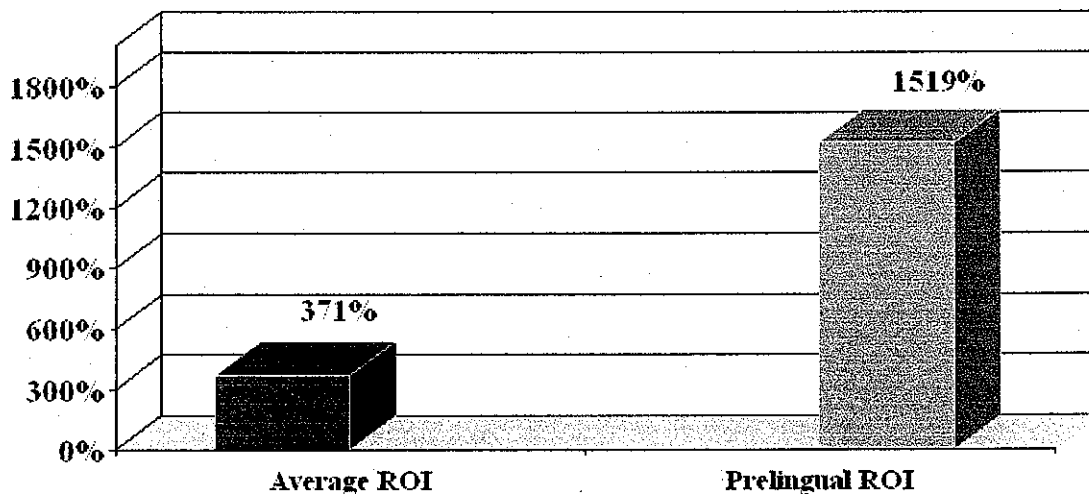
Costs by Age of Onset



Source: Project HOPE calculations from the 1990-91 National Health Interview Survey and U.S. Census, 1991
All Costs are inflated to 1998 dollars using the Urban Consumer Price Index

Cochlear Implants: Return on Investment

Investing the medical costs of cochlear implantation results in a significant return-on-investment to society.



■ Average savings: $\$297,000 - \$63,000 = \$234,000$

■ Prelingual savings: $\$1,020,000 - \$63,000 = \$957,000$

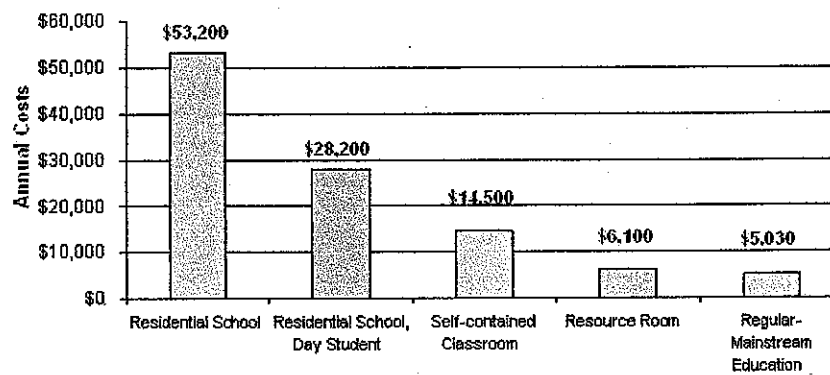
- Children with severe to profound hearing loss, with more than two years cochlear implant experience, move out of special education into a mainstream setting at *twice* the rate of their age-matched peers without a cochlear implant
- These children are placed less frequently in self-contained classrooms and use fewer hours of special education support

Source: Project HOPE, Policy Analysis Brief, April, 2000; and *Archives of Otolaryngology - Head & Neck Surgery*, May 1999, Vol. 125, pg. 499-505

Magnitude of difference between
lifetime of severe to profound hearing loss and other conditions.

Condition	Lifetime Costs
Residential School	\$1,117,800
Residential School, Day Student	\$282,200
Self-contained Classroom	\$14,500
Resource Room	\$6,100
Regular-Mainstream Education	\$5,030

Annual Educational Costs



Source: Department of Education's Office of Special Education and Rehabilitative Services; *Annual Report to Congress on the Implementation of Individual's with Disabilities Education Act, 1997*.

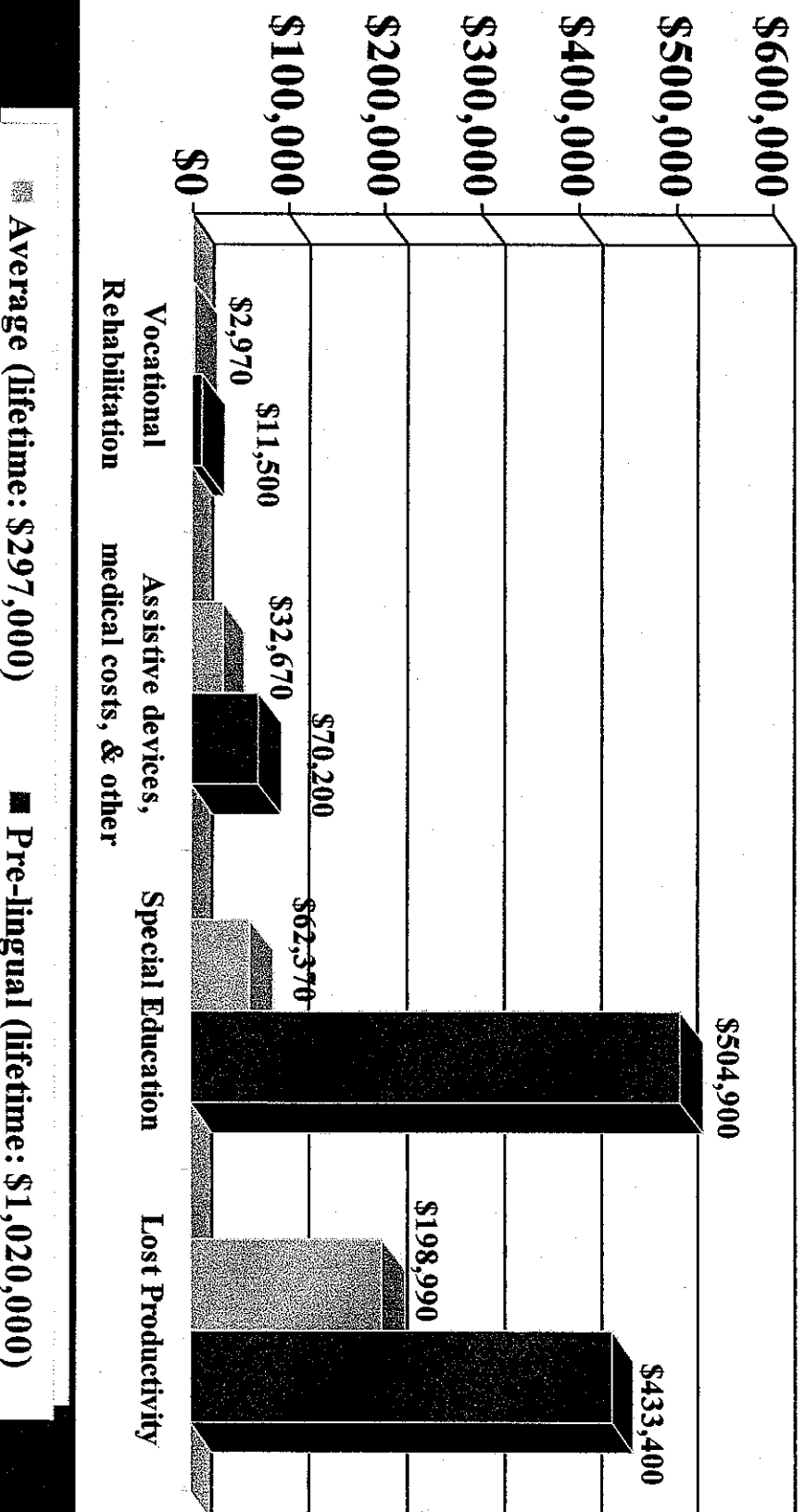
DRAFT FACT SHEET 2
Colorado Facts on Children with Hearing Loss

- Each year Newborn Hearing Screening identifies about 120 infants with permanent hearing loss. (Vickie Thompson)
 - About 80 of these children have a bilateral loss and would benefit from amplification.
 - About 30 of these children qualify for Medicaid and another 10-15 for CHP+.
 - From birth to age three there about 360 children identified with a hearing loss, 240 have a significant loss that would benefit from amplification. Medicaid covers about 90 of these children and 30-45 qualify for CHP+.
- 2% is the incidence for children with all types hearing loss. Those children with significant hearing loss that would benefit from hearing aids are about 11.6% of the total number of children with some type of hearing loss. (CDE – Cheryl Johnson, Sheryl Muir and Lisa Cannon) That means about 2 to 3 children per 1000 would benefit from hearing aids.
 - Children, who have conductive loss due to ear infections and if the loss is not permanent, are not amplified.
 - Children with a unilateral loss are not often aided or if they are amplified, they need only one hearing aid.
 - Some children benefit from cochlear implants.
 - Children with mild loss often do not wear hearing aids.
 - In 2006, according to CDE, there were 794,026 students. A 2% incidence rate would represent 15,880 students with some type of hearing loss. If about 11.6 % of those students wear hearing aids that would be 1842 students. This is higher than the actual number reported by CDE. In 2006, there were 1450 students in preschool through 12th grade that wore hearing aids. (Sheryl Muir)
- It is estimated that the total number of children who wear hearing aids, birth to 18, in Colorado is 1700-2000.
- Actuarial estimates that 0.232% of all children from birth through age 18 will require hearing aids. The average annual cost to cover the purchase of hearing aids for children is \$1.44 for each insured employee. Detailed description of calculation of cost is on actuarial report.

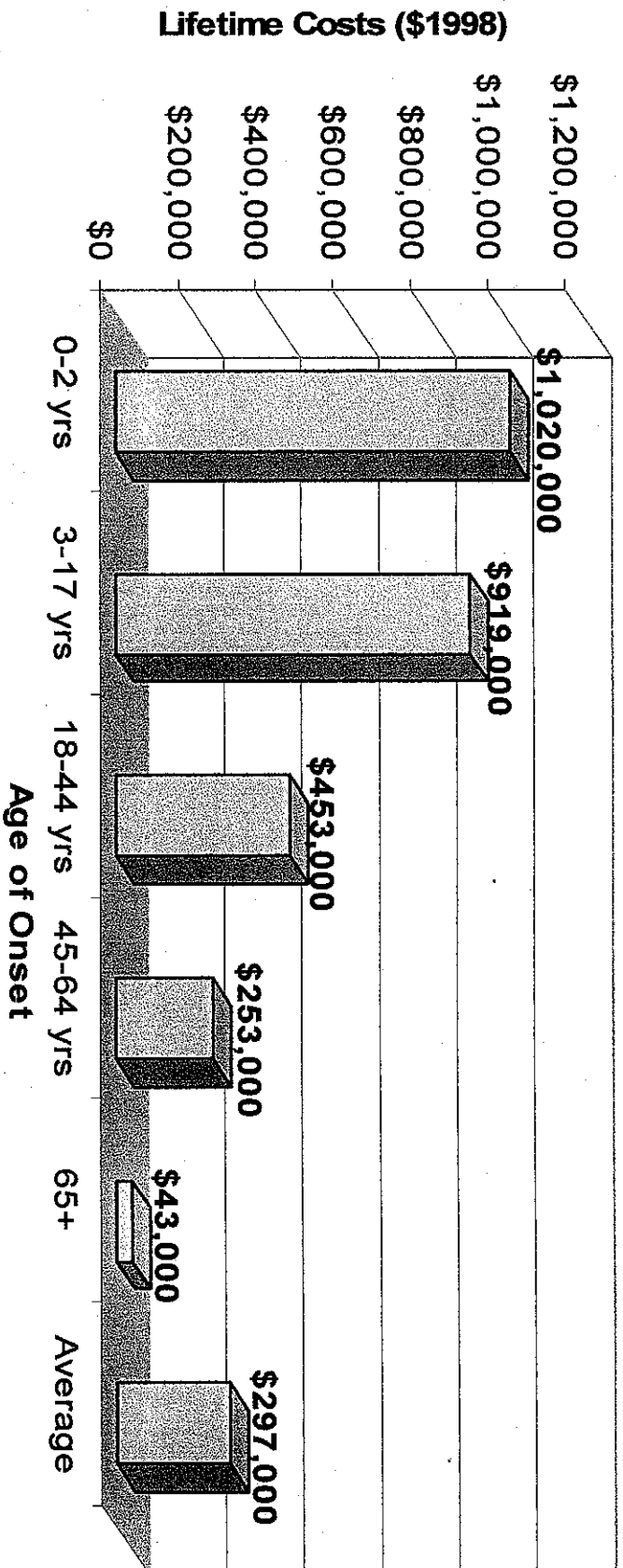
*Amended from \$1.27
to \$1.44 yesterday 2/26/08*

every

Lifetime Costs of Deafness

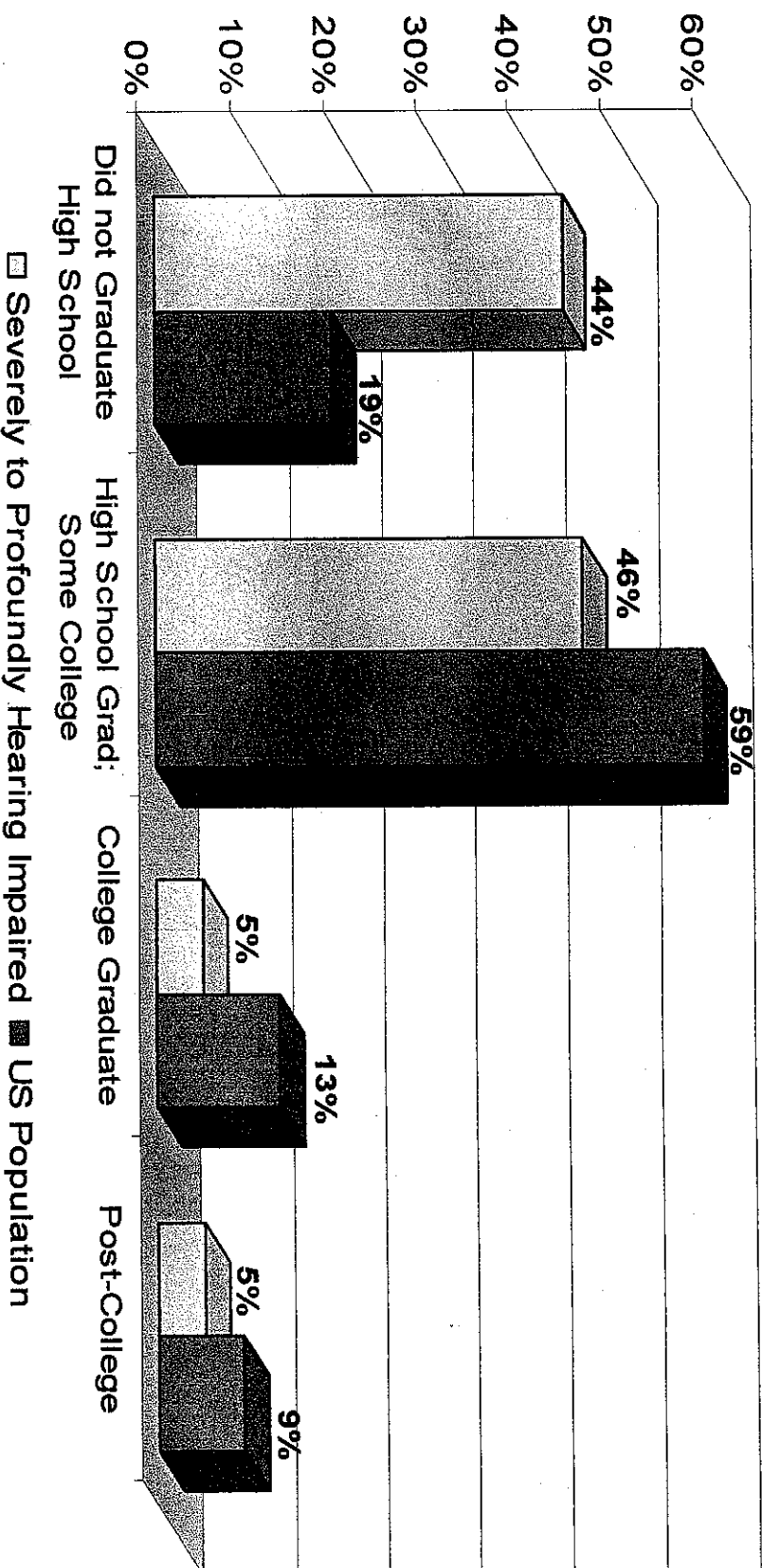


Costs by Age of Onset



Source: Project HOPE calculations from the 1990-91 National Health Interview Survey and U.S. Census, 1991
All Costs are inflated to 1998 dollars using the Urban Consumer Price Index

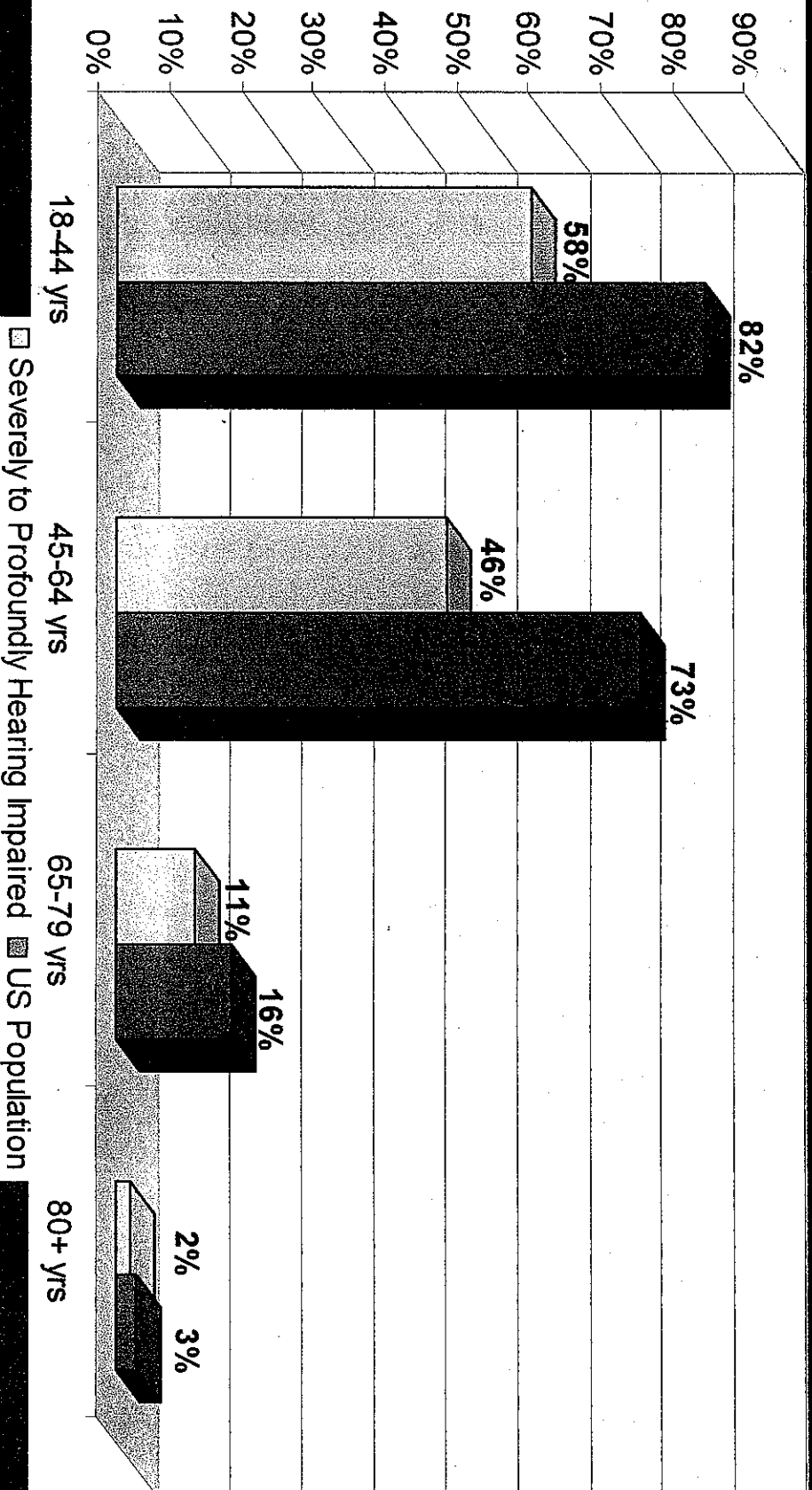
Societal Impact: Education Level



Source: Project HOPE calculations from the 1990-91 National Health Survey

Societal Impact: Labor Force

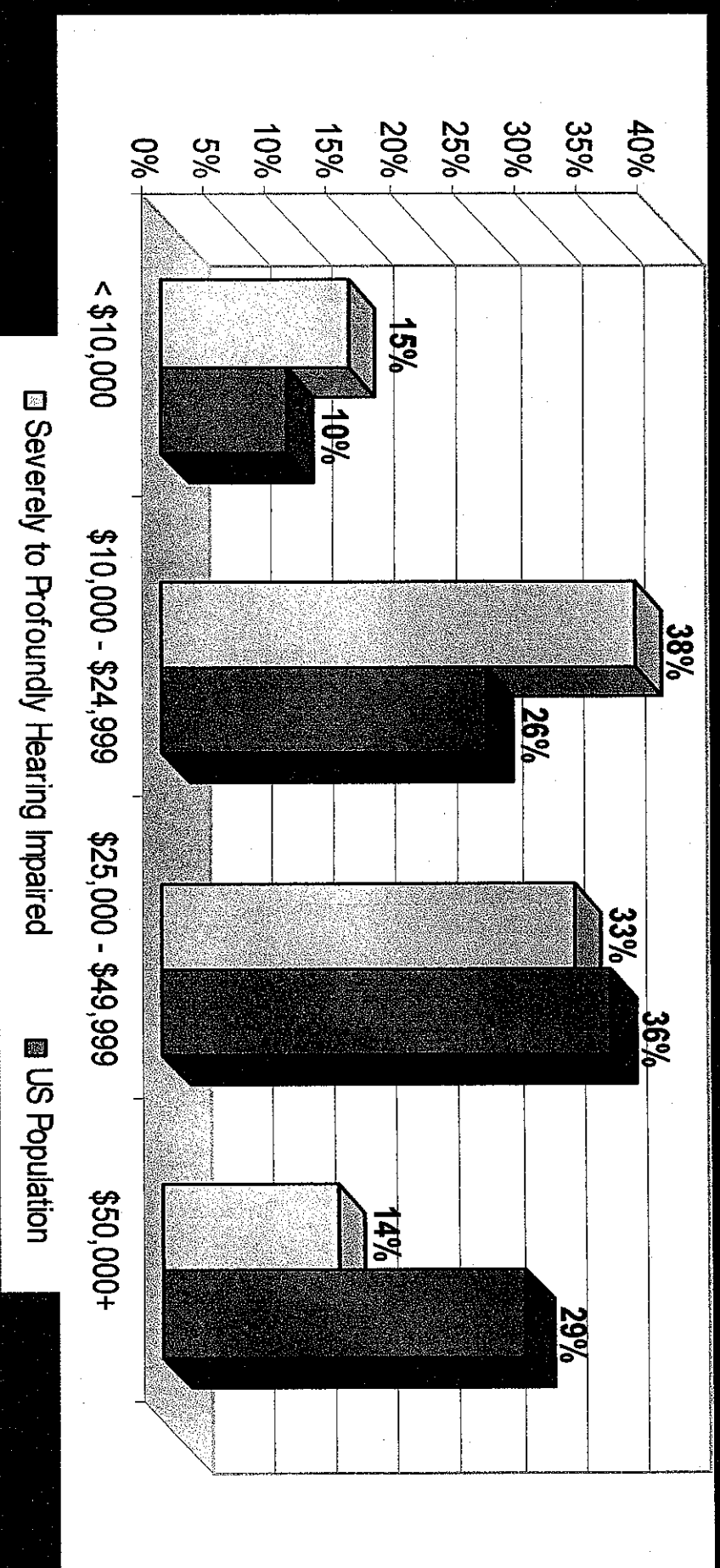
42% of the severe to profound hearing loss population, between the ages of 18-44 years, are not working.



Source: Project HOPE calculations from the 1990-91 National Health Survey

Societal Impact: Income Level

Over half of the severe to profound hearing loss population have family incomes of less than \$25,000



Source: Project HOPE calculations from the 1990-91 National Health Survey

Parent's Testimony of a Hard of Hearing Child

My name is Stephanie Shankle and I am here today to testify in favor of Assembly Bill 133. I am a proud parent of a 4 year old child, Mackenzie, who is hard of hearing. Approximately 1 ½ years ago she was diagnosed with a moderate/severe hearing loss in both ears. We took all of the testing and diagnosis in stride and prepared as well as we could for our future in raising a special needs child. You can imagine our disappointment when we learned from our insurance company that they would not cover any expense of her extremely necessary hearing aids, a \$3,600 purchase.

Both my husband and I are experienced teachers. I have my master's degree in Early Childhood Development and 15 years of service in public education. We are very dedicated service members of our community. Along with Mackenzie's hearing loss, we learned of her significant speech and language delay of over 2 years. We realized that we had a lot of work to do in helping her communicate. Through this journey and after much discussion, we decided it would be best for Mackenzie if I, her mom, stayed home and worked with her. Ethically, we made the right choice. Financially, it has been a struggle. Our budget went from two generous incomes to less than half and we have since been declared well below the state average household income. To come up with the means to pay out of our pocket for hearing aids has been demanding. We have gathered small amounts of money from various funds, have removed money from Mackenzie's college savings, have withdrawn from our retirements, and have scraped and saved to be able to provide hearing aids for her. It has not been an easy accomplishment. You can imagine our frustration in doing what we feel is right for our child, and yet struggling to be able to make it from month to month financially. After all, our daughter is the future and investing in her ability to communicate is advantageous for everyone. Would you not agree, that requiring insurance companies to pay for hearing aids is a relatively small expense, in comparison to the cost required of the state when a child reaches the public education system and requires extensive additional services?

I, a respectful and loyal state educator, ask that you approve this Assembly Bill. I also urge you to approve Amendment 1 which will increase the coverage of children who are under age 11. In addition to these requests, I ask that you amend the language of the bill to include children who are deaf or hard of hearing, excluding the word "severely".

Thank you for your time and for holding this crucial hearing today. I urge you to vote in favor of this bill.

My name is Heather Schreiber and I'm here to testify in favor of this bill. I am a hard of hearing high school senior.

I am writing to you regarding the pending legislation relating to health insurance coverage of hearing aids and cochlear implants for children (AB133/SB88). I am a high school senior with a severe hearing loss. As a person with a hearing loss I know through experience how this bill would affect the families.

I was identified with a hearing loss when I was two years old. I immediately got hearing aids. I wear them all time. On the rare occasion that I don't have them on, I can't hear people talk, or any quiet noises. The only thing I can hear when I'm not wearing hearing aids is really loud sounds and even, when it's something loud it's not clear. Whereas if I'm wearing my hearing aids I can hear things clearly. I attend regular school and go to regular classes. I wear an FM system in school to be able to hear my teachers. I plan on going to technical college after high school. If I hadn't received my hearing aids at a young age, I may not be in the fortunate situation that I am in today.

Even though I was fortunate enough to have my family be able to pay for my hearing aids, they had to pay it off with their credit card. Hearing aids only last about six years so for my second set of hearing aids the insurance company only paid five hundred dollars on one hearing aid. The rest of the 3,500 had to be paid by my family somehow. Not all families are able to pay for a hearing aid that costs about 2,000- 3,000 a hearing aid and most people need two hearings aids.

I was very blessed to have those hearing aids at a very early age, not every child gets that opportunity. This bill may not help me out in the future, but it will help younger generations that need hearing aids to be able to hear. Please consider supporting this legislation relating to health insurance coverage of hearing aids and cochlear implants for children (AB133/SB88).

I would like to suggest that the age limit be increased to children under the age of 11 to meet the senate bill.

Thank you for your time and I hope you consider moving this bill forward.



February 27, 2008

Dear Assembly on the Committee of Insurance:

Thank you for holding a hearing for Assembly Bill 133.

I am a parent of two deaf boys (Nicholas, age 5 and Parker, age 3). Both of our children's hearing losses were identified at birth through the mandated Universal Newborn Hearing Screening. In order to hear and be able to speak, our children needed to have a cochlear implant. My insurance company excluded cochlear implants in our policy. In order to hear and be able to speak, our children needed to have a cochlear implant. My husband and I filed a grievance with our insurance company to get them to pay for our first child's cochlear implant. It was an extremely stressful and time-consuming process, which time was in the essence for the surgery. We are grateful that our insurance company paid for our children's cochlear implants. However, this is not the case for many families.

Because of their cochlear implants, both of our children are speaking, hearing and succeeding in their mainstreamed kindergarten and preschool classrooms. Without a cochlear implant, Nicholas (age 5) would not be mainstreamed in a regular Kindergarten classroom. Both children would require a special education class, an interpreter (for sign language), closed captioned etc. throughout their 18 years of school without a cochlear implant; literally costing the taxpayers a huge amounts of money. The only support Nicholas receives is 1 1/2 hours of speech therapy a week and a FM system.

Cochlear implants have allowed my children to be independent and successful in school and life. They are forming friendships and learning skills that will shape their future both academically and socially. Hearing aids and cochlear implants allow children to meet their full potential and empower them to be successful in all educational and social settings by optimizing their listening, speaking and academic skills.

Requiring insurance companies to pay for hearing aids and cochlear implants will save taxpayers a tremendous amount of money. The development and education of a child with a hearing loss into a literate taxpayer can happen if the child is identified early and amplified through hearing aids or cochlear implants.

The state mandate to screen all infants and identify hearing loss in the first three months of life has not provided financial assistance or insurance benefits that would provide hearing aids and cochlear implants. Thus a child's hearing loss is identified, but without the hope of insurance paying for hearing aids or cochlear implants. Therefore, many children never receive hearing aids or a cochlear implant. If they do receive a hearing aid or cochlear implant, their parents are in a financial crisis since they have to pay for them out of pocket. This should not be happening when families have insurance and are paying premiums for insurance coverage.

Please vote for Assemble Bill 133. By doing so, you would not only be helping the hearing impaired child and his or her family, but society as well. You would be providing the tools necessary to produce a literate adult hearing taxpayer. Instead of a person who can't hear, speak and therefore unable to get an education or a job. Thus living in poverty and requiring financial assistance from the government their entire lives.

Take just a moment to consider the impact that the gift of hearing would have on a child. A child who is deaf will talk, laugh and sing. A child who is deaf will be sung to sleep. A child who is deaf will hear their parents say "I love you" for the first time. A child who is deaf will be able to hear.

Thank you for your support on Assemble Bill 133.

Sincerely,



Cindy Noffke
2856 Warner Lane
Madison, WI 53713
(608) 274-7919

February 27, 2008

Dear Assembly on the Committee of Insurance:

Thank you for holding a hearing today on Assembly Bill 133.

When I graduated from UW-Madison in 1993, the commencement address was given by, an African Studies Professor, Harold Scheub. He spoke to us about our futures, repeating to us over and over to "Consider the Children". Today we need to do just that.

I am the proud father of two deaf boys. Both were born Deaf, with a bilateral sensorineural hearing loss. They are now able to access the hearing world through the miracle of a cochlear implant in one ear and a hearing aid in the other ear.

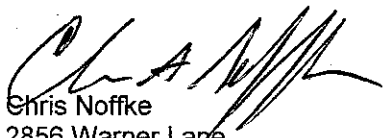
Our story is similar to many others. We have no history of deafness in our family and have had many challenges in coming to terms with the situation. Our insurance company excluded cochlear implants, so we filed a formal grievance. We were extremely fortunate that our insurance company, Physicians Plus, agreed to cover our boys' cochlear implants.

Today, we have an opportunity to "Consider the Children". Today we can help assure that the hardworking taxpaying constituents of this state have the same coverage as those covered by the State's insurance plan. At what cost? WTMJ's research indicates that if such legislation were approved the average insurance premium would increase about \$1.27 a year. That's about a dime a month or about a third of a cent a day.

"Consider the Children".....those that will follow us. Don't worry about my boys. My oldest is mainstreamed into kindergarten in Madison and receives minimal speech therapy. Bottom line to our school district is a very conservative \$20,000/year savings in Interpreter services alone. Multiply that times 12 years and you have nearly \$.25 million. My youngest son, Parker, was implanted a little younger at 9 months, and may not need any speech services entering Kindergarten. Just think about it for a second. Because of my families' early intervention, these two deaf boys will save our school district \$.5 million for less than \$20 in insurance premiums that I'm already paying for. Yes, Physicians Plus covers cochlear implants now.

Today I understand what Professor Scheub meant when he said "Consider the Children". I hope you will also "Consider the Children" by voting in favor of Assembly Bill 133.

Sincerely,



Chris Noffke
2856 Warner Lane
Madison, WI 53713
(608) 274-7919

Public Hearing on SB-133 SB-88

Speaking in Favor

1. Introduction of family (including grandparents who babysit while my husband and I work). It is hard to find child care providers who can communicate with a deaf child.
2. Abigail's type hearing loss. Hearing aids won't help her hear our voices. A cochlear implant is needed.
3. Language barrier. Sign is not the language of the rest of our family. What if you were told tomorrow that the whole United States would only speak Russian and you didn't know a word of Russian. Would you want to learn a whole new language when you already have one established? The average adult makes it to the preschool level learning sign language.
4. Our struggle with insurance and how everything was new and confusing to us. We had to learn along the way (i.e. direct exclusions of insurance) when looking for funding for Abby's hearing aids. Exhausting every option of payment for cochlear implants, Medicaid had an enormous deductible, if we even qualified. Our hearts dropped when we received a denial letter from my insurance company. We appealed and were basically told to look elsewhere for help.
5. Americans with Disabilities Act (ADA). Equal Employment Opportunity Commission (EEOC) Section 1630.16(f) page 8. In contrast, however, health-related insurance distinctions that are based on disability may violate the ADA. A term or provision is "disability-based" if it singles out a particular disability (e.g. deafness, AIDS, schizophrenia), a discrete group of disabilities (e.g. cancer, muscular dystrophy, kidney disease) or disabilities in general (e.g. Non-coverage of all conditions that substantially limit a major life activity. I feel that hearing and speaking are both major life activities. We are being discriminated against because our daughter is deaf. The same insurance my employer carries will pay for a weight loss lap band procedure (about \$20,000) for an obese person who is a health risk.
6. Because of so much lost time, Abby will be going to preschool at a school for the deaf. If she would have been implanted at age one, she could possibly have a sufficient vocabulary to allow her to attend a preschool with hearing and speaking children. Her language for now is sign. So the taxpayer's money will be spent having to bus her to school and back, a 40 mile round trip, when she could be attending a preschool in her home town. (I do want her to know her deaf culture). She will always be deaf, but a cochlear implant will be a prosthesis and will enable her to function better in a hearing world.
7. Our family has had one disappointment after another. We thank you for taking the time to hold this hearing and for your support in voting in favor of AB-133 and SB-88. We hope that other families will not have to go through all the disappointments and time lost that we have experienced, just to bring our daughter into our world, the hearing world.

Thank you.

The family of Abigail Brensel

Ann and Matthew Brensel
815 McCoy Park Road
Fort Atkinson, WI 53538
(920)-428-1567
(920)-988-9766

My name is Molly Martzke and I am from Green Bay, WI. I am the mother of two children with cochlear implants. I am also the President of Wisconsin Families for Hands & Voices, a nonprofit organization dedicated to the support and advocacy of families who have children who are Deaf and Hard of Hearing.

Our family story begins like so many others, with the birth of our son. Jack was diagnosed with a profound hearing loss at 10 ½ months. After a trial period with hearing aids, we decided to pursue a cochlear implant. This device would allow him to access sounds that had otherwise been unattainable. Our insurance company approved this procedure and Jack was implanted at 18 months.

Our daughter was then born in 2003. When we discovered that she was deaf, we pursued getting her a cochlear implant as well. We still had the same insurance company and thought that this would not be a problem. We were wrong. When we sent through the paperwork for a prior authorization we received a denial based upon the fact that "the treatment requested is experimental/investigational and not medically necessary for children with prelingual, severe, bilateral deafness". The same procedure that the same insurance company had approved and paid for five years earlier was now considered "experimental" in nature. This denial was dated in July of 2003. The next month the insurance company then sent a notice of change to our health plan that would then exclude "diagnostic tests, surgery, devices, and related instruction or therapy for cochlear implants". By explicitly changing this language they had prevented any chance of appeal.

We had seen how our son was able to utilize his implant to access spoken language and couldn't imagine not offering our daughter this same opportunity. We pursued any and every option that was available to us. We contacted an attorney, but because of the change of the plan language we were unable to fight this way. We looked at medical assistance, but made too much money. We tried to have my husbands' employer receive coverage through a special rider on their policy, but the insurance company was unwilling to do this. We even considered giving up parental rights to our daughter if my parents insurance would cover her. I hope this is something you would never have to contemplate.

Tressa did receive her implant. This was made possible through some very generous donations. But make no mistake about it, we were willing to bankrupt ourselves to make sure that she received the medical care that she needed. We couldn't imagine looking at her one day when she asked why she didn't have a cochlear implant when her brother did. Were we supposed to say "Well dear, we had better insurance back then?"

The reason we need to have this legislation is because of stories like ours. I have often said that I have insurance for when something big happens. I don't pay those premiums every month for a well-child checkup every year. I pay them for something like this a piece of medical equipment that has made all the difference in the lives of my children.

Molly Martzke
1120 Garland St
Green Bay, WI 54301
920-437-7370
mpmartzke@yahoo.com



February 27, 2008 Please vote in favor of reimbursement of amplification for children through age 11 with documented sensorineural hearing loss.

As a speech language pathologist, I have provided assessment and intervention in the area of communication development for individuals with hearing loss for the past 25 years. I currently hold the title of Clinical Associate Professor in the Dept. of Communicative Disorders on the UW-Madison Campus, and work with regional hospital teams in the pre-candidacy and post surgery listening training for people who choose a cochlear implant. I also teach two courses in sign language, and support each family's mode of communication as long as their children are making significant progress toward realizing their own communication and cognitive potential.

I do not sell, fit or profit from the sale of amplification. Rather, I help people communicate face to face...with their family members, daycare providers, coaches, teachers, and employers. I speak today to encourage your support for families of children through age 11 in being able to have insurance reimbursement for these reasons:

1. Were we arguing for reimbursement for ALL individuals with hearing loss, I would agree this would place a ubiquitous burden on insurance companies: 1 of every 3 citizens over age 65 would qualify, 9 of every 10 citizens over age 80 would qualify and since the fastest growing segment of the population are those over age 85, this would mean that statistically more than 5 of every 6 people insured in that age bracket would siphon the profits of insurance companies and send your constituents' insurance premiums skyrocketing.

However, we are here today advocating for children. National demographic data consistently have demonstrated that this low incidence hearing impairment affects only 1-3 children in every 1000.

That is .3 of one percent of the population.

2. For those children, the data are compelling that early, appropriate and daily amplification interfaces with brain development so that outcomes in this millennium outpace anything recorded in our country's earlier history. Specifically, the Yoshinago-Itano 1998 study showed that children fit properly by 6 months, were in the low average range by age 3; the Univ. of Iowa data reported on 2007 indicates that children with hearing loss and early amplification are virtually indistinguishable from their hearing four year old counterparts.

Children who received cochlear implants, after age four, are breaking all literacy comprehension outcomes obtained in the field of Deaf education, whether or not those same students had clear pronunciation skills.

3. How do those data matter to you as our representatives? It means that the annual cost of a school district's budget allocated to these children can and will be significantly cut. In one state conference meeting in 2006, I was told that the average cost of education a child with hearing loss was approximately \$30,000 per year. In the 1970's-2000, 1/1000 children with a diagnosis of SNHL would require intensive special education accommodations for the full course of his/her education which, using the number above, would suggest \$450,000 per student for that youngster to obtain a high school diploma.

As representatives of your constituents, I encourage you to offset that tax dollar allocation by approving amplification reimbursement to families, which has been demonstrated over the last 50 years to be THE single most effective treatment to hearing loss serving as a barrier for learning a spoken language and interacting independently and effectively with those of us in hearing culture. As an instructor of talented and committed undergrad and graduate college students, I beseech you to help us expanding the WI Idea into our communities by relieving families like those you have met today, so that they can allocate their financial resources to intervention, utilities, childcare and their emotional resources to communicating with their children who they deeply love and advocate for, today and every day of their lives.

Respectfully,

Michelle Quinn

Michelle Quinn, CCC-SLP

Clinical Associate Professor

Dept. of Communicative Disorders

1975 Willow Drive

University of Wisconsin-Madison 53706

Department of Communicative Disorders

Goodnight Hall University of Wisconsin-Madison 1975 Willow Drive Madison, Wisconsin 53706

608/262-3951 Fax: 608/262-6466

My name is Kaia Maves and I am a 21-year old senior attending the University of Wisconsin-Madison to receive a degree in Communicative Disorders. I am also an individual with a mild to moderate sensorineural hearing loss. However, my hearing loss was not detected until the age of three when my parents and other professionals realized that my speech was delayed. I was actually labeled mentally retarded before my loss was identified and as you can see I am not.

When my hearing loss was detected, I did not receive hearing aids. I wore an Easy Listening assistive listening device and received speech and language services until the fourth grade, which was paid by the schools and our government. I recently received my first pair of hearing aids for only \$3000. I would not have been able to receive my hearing aids without the help of my parents and insurance. I am not sure how I will be able to pay for the next set of hearing aids that I will need in about four years because my first pair will only last that long.

I tend to imagine and think of how much my life would be different if my hearing loss was identified at birth due to Universal Newborn Hearing Screening. My speech wouldn't have been delayed because I would have had hearing aids. I wouldn't have been in Head Start to catch up with my peers, which again the school and the government paid for.

I tend to imagine and think about how much my life would be different if I had hearing aids from infancy. A child's brain has plasticity, which is the brain's development and its learning capacities are flexible because the synapses are still forming. A child learns how to take advantage of the listening skills they have with hearing aids. The brain is much more able to adapt to hearing age for young children. I always wish that this was the case for adults. My brain is in the final stages of development and is not adapting well to my hearing aids. I have hard time wearing them, but I notice a difference when I do wear them. If I had received hearing aids at a young age, my brain would have adapted to them.

I know that I am behind my peers. I struggle and most of the time am frustrated. I have learned to overcome my hearing loss and do my best. Even with my efforts and determination, I feel the effects of hearing loss. I can not hold conversations in bars or busy restaurants, so I do not like to go out in public. I also have a hard time in class when there is a lot of noise. I can become lost when the professor is talking. When I miss part of the information, I have incomplete information. This means that I miss important things all of the time. I have hard time paying attention in class because I miss important information. This is the struggle I experience as an adult. Imagine how these are for a child that has not adapted to having a hearing loss. I 100% believe that children having hearing aids at a young age and throughout their life would eliminate these struggles.

This bill should be passed because it would give children with hearing loss opportunities to develop language that compares to normal developing children and for their brain to adapt to hearing with hearing aids. If you do not vote for this bill, you are sending a strong, strong message to your community and to the state of Wisconsin. The message would be I do not care about these children and if they succeed. I do not care if these children receive the best education they can. Please, vote for the bill so these children have a chance.

Outline:

- Kaia Maves 21
- Student at University of Wisconsin-Madison
- Individual with mild to moderate sensorineural hearing loss
- Hearing loss not detected until 3
- Labeled mentally retarded

- Did not receive hearing aids when loss was detected
- Received hearing aids at 20 years old that were 3000
- Do not know how I will replace in hearing aids in four years

- How my life would be different if I had UNHS
 - no head start
 - no struggles
 - normal developed language

- How my life would be different if I had hearing aids at infancy
 - brain development/adaptation due to plasticity
- How I can't adapt to hearing aids today

- Struggles I have experienced

- Why this bill should be passed
- What happens if you don't vote for this bill

Evan Foht

Evan's History – Moderate to severe bilateral hearing loss discovered at the age of two. He has benefited from the aid of digital hearing aids for the past 11 years. After a period of a fairly stable level of hearing loss, he lost most all of his hearing in his right ear last July. Because he relies so much on oral communication – just like you and I, his ability to communicate was even more impaired – just like it would be for you and I. This prodded us to look more deeply into a cochlear implant (CI) his only way to hear again with a loss this great. We met with doctors, audiologists and implant recipients. The results we saw from the implants were phenomenal. It was truly incredible to see the difference in peoples' lives this technology has made. As fate would have it, some of the hearing came back in Evan's right ear. The potential for future loss will always be there for one or both ears. Hearing aids do not provide enough aid for the level of loss he has today and he finds it very challenging to communicate in many situations everyday. We are therefore continuing to pursue the best medical assistance we can get to help him function without assistance for the rest of his life. We have spent nearly \$20,000 to date for hearing aids, molds, batteries etc. we cannot afford the \$80,000 to \$100,000 out of pocket expense for an implant.

Evan's Everyday Challenges - I asked Evan if he would like to speak today and he said, "No, it probably won't do any good anyway – they will be just like the insurance company, but I will go and answer any questions that they have about what it's like to not be able to hear your friends. Or what it feels like to be excluded from just about every group conversation because your friends are tired of you asking 'what' or 'could you repeat that'." For a quick comparison, picture all of your friends off in the distance laughing and talking and having a great time and when you get up to them to join into the conversation they are all speaking some foreign language that you do not understand. They look up at you as if you are the weird one for not being able to understand them. That is the challenge Evan faces everyday because insurance will not cover a medically needed procedure to help him function more closely to 'normal' in the world today.

Insurance battles – told by our insurance company that yes there is coverage for CI even with exclusion written in policy. I checked this out before our company chose an insurance company, I am part of a group that selects health care coverage in our company and was very cautious about the ability to obtain this coverage. Submit the paperwork for coverage – Humana lost it three times. Coverage denied because there is an exclusion in my policy. Submit first appeal. Humana lost it. Appeal denied because of an exclusion in my policy. Currently preparing for our external appeal. This is a process no one should have to go through, but because of the mess we have in our insurance industry, it is way too common.

Increase Insurance Premium Concerns – we know premiums go up. We become accustom to the fact that they will always go up. We personally do not complain about rates going up, we understand there are higher costs for cancer care, heart care, prosthetics - the list goes on and on. The fact is we pay, even though we do not need any of these particular coverages – we pay, nor do we argue that the above medical care

should not be covered so our premiums go down – we may need this coverage some day. I don't even mind paying my share of your insurance coverage for cochlear implants. With this in mind do not tell me it is okay for private health insurance companies to continue to discriminate against the deaf and hard of hearing. There is no other exclusion in my policy that so defiantly discriminates a particular group of people.

Mandate Coverage - we all know it is difficult for some of you to put mandates on health insurance companies. We agree – you shouldn't have to, if a company is in the health insurance business, they should provide coverage to all health issues not just the ones that they can make the most money on. Wisconsin is a great state, great states lead, don't just what other states do, do what is right. The right thing is to require insurance companies to provide hearing aid and CI coverage for all people all ages.

Not one person has been able to explain to me why these items have not been covered in the past, why there would be an age limit on the coverage, or how an exclusion for hearing aids and cochlear implants meets the ADA requirements in the state of Wisconsin. Can you please respond with an answer to the above questions – please send to the email or mail address below?

Thank you for your time today. We support Bills AB 133/SB88. If it is at all possible, without risking delays in the bill as it is written today – we believe you can, we ask that you amend Bills AB 133/SB 88 to include coverage for all children 17 and under. We understand the insurance companies want you to protect their profits. If you really want to do the right thing you will put no age limit on the coverage – remember you or any of your family members could lose your hearing tomorrow and any body with private insurance coverage would be facing a \$100,000 out of pocket expense. Please do not tell my son today that that you were elected to protect the insurance companies. Show him that you are here to protect the people of Wisconsin. Thank you again.

Tom and Lori Foht
Evan Foht
W144N10761 Lincoln Drive
Germantown, WI 53102
tfoht@wi.rr.com
Phone: 262.253.9014